

Work Order ID 96341

January-24-13 11:55:49 AM

96341

Page 1

Item ID: D3189-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Chafing Shield(send DSI9629 with spares)

Stop

NS2

Start Date: 1/24/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 2/07/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 13-01-24 Tooling:

Date:

Run Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3189	C								
100 *100* Waterjet	SHEAR	0.00							<u>DAS</u> <u>05</u> 13-03-06
FLOW CNC Waterjet <u>304 .025</u>	Memo	0.00							
	1-Cut as per Dwg Dwg Rev: <u>C</u> Prog Rev: <u>C</u>								
	2-Deburr if necessary								
103 *103* QC	QC2- Inspect parts off machine FAI/FAIB	0.00							<u>DAS</u> <u>05</u> 13-03-06
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

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Item ID: D3189-1**Accept*****N900040100*****Setup Start*****NS1*****Revision ID:****Item Name:** Chafing Shield(send DSI9629 with spares)**Stop*****NS2*****Start Date:** 1/24/13 **Start Qty:** 20.00***20*****Cust Item ID:****Required Date:** 2/07/13 **Req'd Qty:** 20.00***20*****Customer:****Reference:****Approvals:****Process Plan:****Date:****Tooling:****Date:****Run Start*****NR1*****QC:****Date:****SPC (Y/N):****Date:****Stop*****NR2*****Sequence ID/
Work Center ID****Operation
Description****Set Up/
Run Hours****Tool ID****Tool #****Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Insp.
Stamp**

105

QC8- Inspect parts - second check

0.00

105

QC

Quality Control

(25) 13-0306

DAS
09
08

110

110

Small Fab

0.00

Small Fab

Memo

0.00

1- Roll as per Dwg D3189

20

SD
13/03/10

120

QC5- Inspect part completeness to step on W/O

0.00

120

QC

Quality Control

Smp
133B

20

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS														
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector							
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear	General				Grain				Ovalized				Pressure/Forced						
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Wrong Stock Pulled				
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Positioned Wrong				
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>	Other				
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>					
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Countersink	<input type="checkbox"/>		<input type="checkbox"/>					
	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>					
	Inspection Strip in Tube	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>					
	Ripples in Bend	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>					
	Torque Waves in Extrusion	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>					
	Turning Sequence	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
	Wave/Twist in Tube	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					

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Page 3

Item ID: D3189-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Chafing Shield(send DSI9629 with spares)

Stop

NS2

Start Date: 1/24/13 Start Qty: 20.00

20

Cust Item ID:

Required Date: 2/07/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Packaging Packaging	Identify as per.dwg & Stock Location: <u>L653</u>	0.00				20	0	0	AB
	Memo	0.00							13-3-15

140

140
QC
Quality Control

QC21- Final Inspection - Work Order Release	0.00	13/3/19 JF
Memo	0.00	

10/13/18

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/>							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/>							
				<input type="checkbox"/> Other							

Picklist Print

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Page 1

Work Order ID: 96341

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Parent Item: D3189-1

D3189-1

Parent Item Name: Chafing Shield(send DSI9629 with spares)

Start Date: 1/24/13

Required Date: 2/07/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP B05.08.22 No longer made in-house KJ/JLM

IPP Rev:C 06-03-24 Rolling Now made in House JLM

IPP Rev:D 07-04-16 As per Rev B JLM

IPP Rev:E

11.05.11 now made on waterjet DD verf:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S25GA		Purchased	No		100		sf	0.0000	0.32	6.736842	**	13.03.06	

M304S25GA

304/316 .025 Sheet

BS# 107244

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

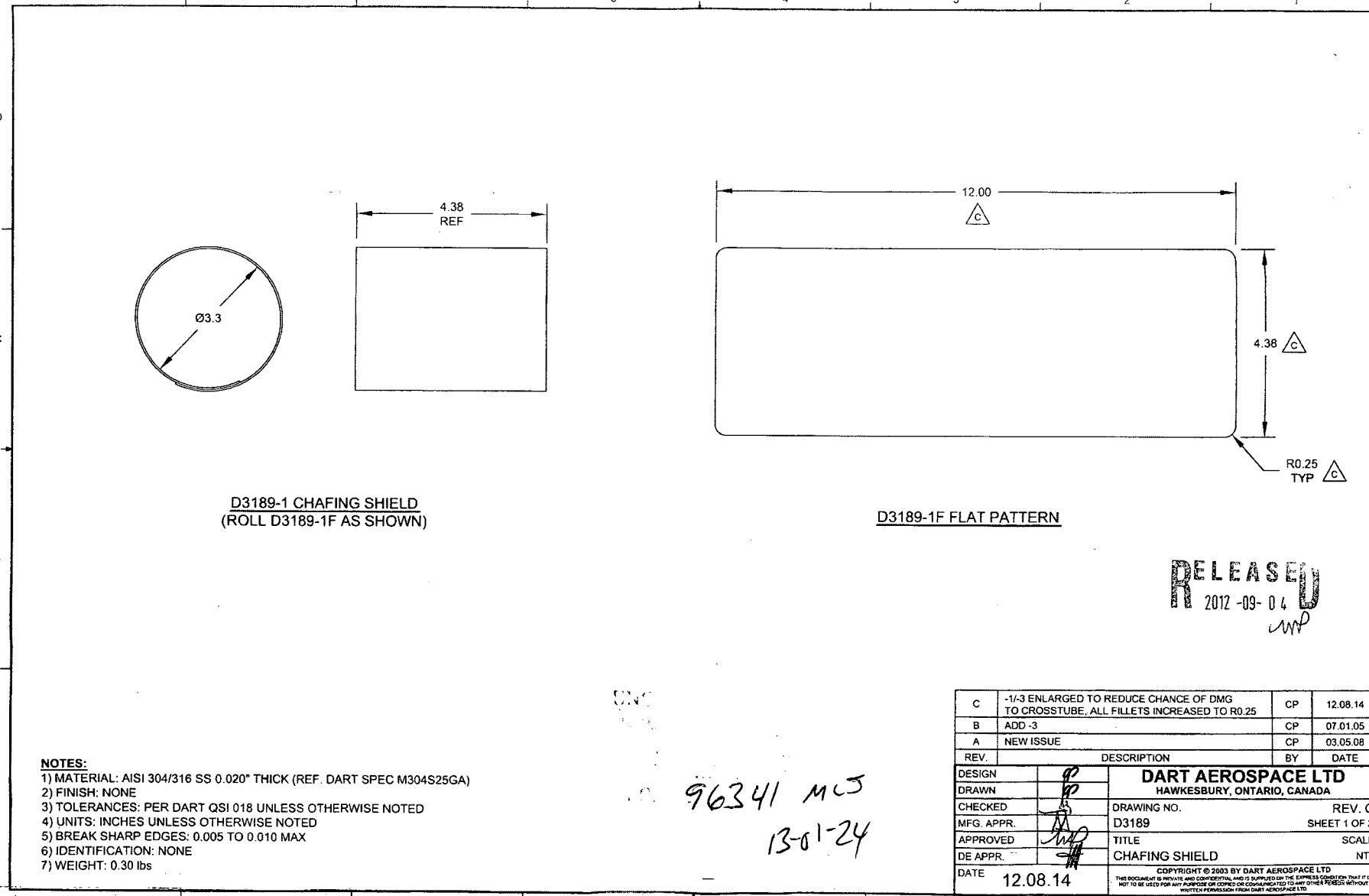
DART AEROSPACE LTD	Work Order:	96341
Description: Chafing Shield	Part Number:	D3189-1
Inspection Dwg: D3189 Rev: C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

09

Measured by:	<u>W/W</u>	Audited by:	<u>9-99</u>	Preliminary Approval:	
Date:	13.03.06	Date:	13.03.06	Date:	

Rev	Date	Change	Revised by	Approved
A	11.06.21	New Issue	KJ	
B	12.09.26	Dimensions updated per Dwg Rev C	KJ	



96341

8

7

6

5

4

3

2

1

D

D

C

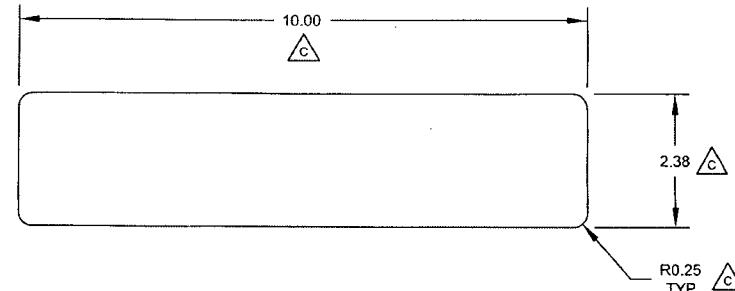
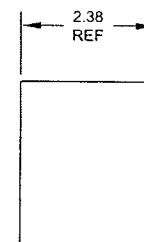
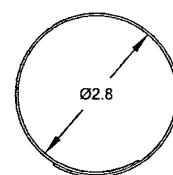
C

B

B

A

A



D3189-3F FLAT PATTERN

D3189-3 CHAFING SHIELD
(ROLL D3189-3F AS SHOWN)

RELEASED
2012-09-04
JNP

NOTES:

- 1) MATERIAL: AISI 304/316 SS 0.020" THICK (REF. DART SPEC M304S25GA)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.13 lbs

8

7

6

5

4

3

2

1

DESIGN	99	DART AEROSPACE LTD
DRAWN	99	HAWKESBURY, ONTARIO, CANADA
CHECKED		REV. C
MFG. APPR.		DRAWING NO.
APPROVED		D3189
DE APPR.		SHEET 2 OF 2
DATE	12.08.14	TITLE
		SCALE
		NTS
		CHAFING SHIELD

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